



NANCY FARMER, MISSOURI STATE TREASURER
MISSOURI FIRST LINKED DEPOSIT
MULTI-FAMILY HOUSING LOAN APPLICATION

TO: Missouri Treasurer Nancy Farmer
 (This section to be completed by housing developer or owner)

Name of Housing developer/owner: _____

Address: _____ City: _____

County: _____ State: _____ ZIP: _____

Contact Name: _____ Title: _____

Telephone Number: (____) _____ FAX Number: (____) _____

Project Description: _____

Project Address/Location – Street: _____

City: _____ County: _____ State: _____

Number of Units: _____ Bedrooms/Unit: _____ Projected Rent/Unit: _____

If applying as Developer, address of developer residence: _____

Description of public benefit: _____

Reason for funding request: _____

Total Cost of Project \$ _____ Amount Requested \$ _____

Type, source, and amount of other funding: _____

(continued on other side)

Attested by Applicant:

I certify that I have the requisite authority to complete this application on behalf of the applicant and that by my signature the applicant and all employees of the applicant shall be bound by its terms and the provisions of sections 30.750 through 30.850, Revised Statutes of Missouri. I certify that this linked deposit loan shall be used exclusively for the purposes indicated in this application. I acknowledge that receipt of the reduced interest rate loan applied for herein carries the obligation to purchase, develop or rehabilitate the multi-family residential property described in this application. I agree to immediately notify the State Treasurer if there is a reasonable expectation that the project will not be able to be completed as described herein. I understand that if the applicant will not be able to or does not meet the projections stated herein, the Treasurer may deem it necessary to modify the amount, term or interest rate of the deposit, as appropriate. In the event that the loan proceeds are not used for allowable operating expenses, the remaining loan proceeds will be immediately returned to the lending institution and any loan proceeds already used shall be repaid to the lending institution as soon as practicable. I understand that the Treasurer may request additional information during the term of the deposit or for a reasonable period thereafter, and agree to respond immediately to all reasonable requests, including preparation of an updated application. I understand that any intentional misrepresentation or misuse of linked deposit loan funds subjects the responsible party to criminal liability, and that I am aware of the Conflict of Interest Policy adopted by the State Treasurer's Office and I comply with that policy. Furthermore, I certify that I am in compliance with all state and federal laws.

 (Owner/Developer Signature)

(Title)

(Date)

I understand that as the developer of a two or four unit project, I must currently reside and continue to reside for the next five years within ½ mile of the multi-family housing project for which these funds will be used and that I will have to repay the interest savings if I do not meet this requirement.

 (Developer's Signature)

Americans with Disabilities Act (ADA) Notice

No qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs or activities of the Treasurer of Missouri, or be subjected to discrimination by the Treasurer of Missouri. Any applicant for the MISSOURI FIRST Linked Deposit program who needs special accommodations (e.g., documents prepared in an alternate format or special telecommunications assistance) should request such accommodations from the Treasurer. For more information about such services, contact the Investments Department at 573-751-8530.